

STATE OF HAWAII
DEPARTMENT OF TAXATION
WITHHOLDING TAX RETURN
CALENDAR YEAR _____

DO NOT WRITE IN THIS AREA

30

NAME: _____

HAWAII WITHHOLDING ID. NO. _ _ _ _ _

☐ **MONTH OF** _____
(Do not combine your reporting for more than one month, if filing monthly.)

☐ **QUARTER OF** _____
(Do not combine your reporting for more than one quarter, if filing quarterly.)

- If your annual withholding tax liability is \$100,000 or more, this return must be filed on or before the **10th** day of the month following the close of the filing period, and your payment must be made by electronic funds transfer.
- If your annual withholding tax liability is less than \$100,000, this return must be filed on or before the **15th** day of the month following the close of the filing period.

(NOTE: Enter "0" if no wages were paid or no tax withheld. Otherwise, complete this return and enclose applicable payment.)

ATTACH YOUR CHECK OR MONEY ORDER PAYABLE TO
"HAWAII STATE TAX COLLECTOR" IN U.S. DOLLARS DRAWN
ON ANY U.S. BANK AND FORM VP-1 TO FORM HW-14.
WRITE "HW", THE FILING PERIOD, AND YOUR HAWAII
WITHHOLDING IDENTIFICATION NO. ON YOUR CHECK OR
MONEY ORDER.

TOTAL WAGES PAID (include COLA)			
TOTAL TAXES WITHHELD			
FOR LATE FILING ONLY	PENALTY		
	INTEREST		
AMOUNT OF PAYMENT			

NOTE: This form may be electronically filed (e-filed) with the
Department of Taxation. For more information, go
to www.ehawaii.gov/efile

I declare under the penalties set forth in section 231-36, HRS, that this is a true
and correct return, prepared in accordance with the withholding provisions of the
Hawaii Income Tax Law and the rules issued thereunder.

SIGNATURE

DATE

TITLE

THIS SPACE FOR DATE RECEIVED STAMP

MAILING ADDRESSES

OAHU DISTRICT OFFICE
P.O. BOX 3827
HONOLULU, HI 96812-3827

MAUI DISTRICT OFFICE
P.O. BOX 923
WAILUKU, HI 96793-0923

HAWAII DISTRICT OFFICE
P.O. BOX 937
HILO, HI 96721-0937

KAUAI DISTRICT OFFICE
P.O. BOX 1686
LIHUE, HI 96766-5686